



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E371920**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION

CASE #	14-02789	
LOCAL AGENCY CODING	0664	
TOTAL # OF UNITS	02	OBJECT STRUCK

M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	CITY #
DATE OF COLLISION	11	-	05	-	2014			0000	31				<input checked="" type="checkbox"/>	0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
VERNON RD		BLOCK NO. <input checked="" type="checkbox"/> 800
		MILE POST

DISTANCE	MILES	N	E	OF (REFERENCE OR CROSS STREET)
				N DAVIES RD
	FEET	S	W	

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4255019595
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LAST NAME	BELL	FIRST NAME	JOYCE	MIDDLE INITIAL	O
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STREET NEW ADDRESS	1321 SPRINGBROOK RD
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CITY	LAKE STEVENS	ST	WA	ZIP	982588552
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CDL	RESTRICTIONS B	ENDORSEMENTS
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DRIVER'S LICENSE #	BELL*JO725B6	STATE	WA	SEX	F	D.O.B. MMDDYYYY	01	-	26	-	1928
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 2	RESTR. 4	EJECT 1	HELMET USE	INJURY CLASS 1	NATURE OF INJURIES
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LICENSE PLATE #	AGH4695	STATE	WA	VIN#	4T1BF30K95U590480
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR 2005	MAKE TOYO	MODEL CAM4D	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
REGISTERED OWNER INFO. JOYCE BELL PO BOX 529 LAKE STEVENS WA 98258						

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # ALL STATE 964 073 238	
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4253274818
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LAST NAME	HANSEN WARREN	FIRST NAME	RJ	MIDDLE INITIAL	B
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STREET NEW ADDRESS	59571 HWY 20
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CITY	BURLINGTON	ST	WA	ZIP	982338510
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CDL	RESTRICTIONS	ENDORSEMENTS	L
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DRIVER'S LICENSE #	HANSERB573J4	STATE	WA	SEX	M	D.O.B. MMDDYYYY	04	-	24	-	1943
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 2	RESTR. 4	EJECT 1	HELMET USE	INJURY CLASS 1	NATURE OF INJURIES
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LICENSE PLATE #	ADE8225	STATE	WA	VIN#	1J4FY19S3XP455370
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR 1999	MAKE JEEP	MODEL WRJP	STYLE 2W	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
REGISTERED OWNER INFO. ANDREW MCFARLAND 14309 145TH AVE E ORTING WA 98360						

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # AAA INSURANCE AA30088043	
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



OFFICER'S NAME (PRINT)	CHAD CHRISTENSEN	BADGE OR ID #	075	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E371920**

CASE # **14-02789**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

Unit 2 entered the round from Vernon Rd. Unit 1 failed to yield Unit 2, pulling out in front of Unit 2 causing Unit 2 to collide with Unit 1 at the drivers door. There were no report injuries and both vehicles were driven from the location.

**** AUTO-POPULATED SECTION ****

THE FOLLOWING ARE DESCRIPTIONS ENTERED FOR ITEMS SELECTED AS "OTHER":

Location Character: ROUNDABOUT

Motor Vehicle Unit 1

Traffic Control: ROUNDABOUT

Motor Vehicle Unit 2

Traffic Control: ROUNDABOUT

**** END OF AUTO-POPULATED SECTION ****

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

CHAD CHRISTENSEN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

11-06-14 05:48 PM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 095

DATE

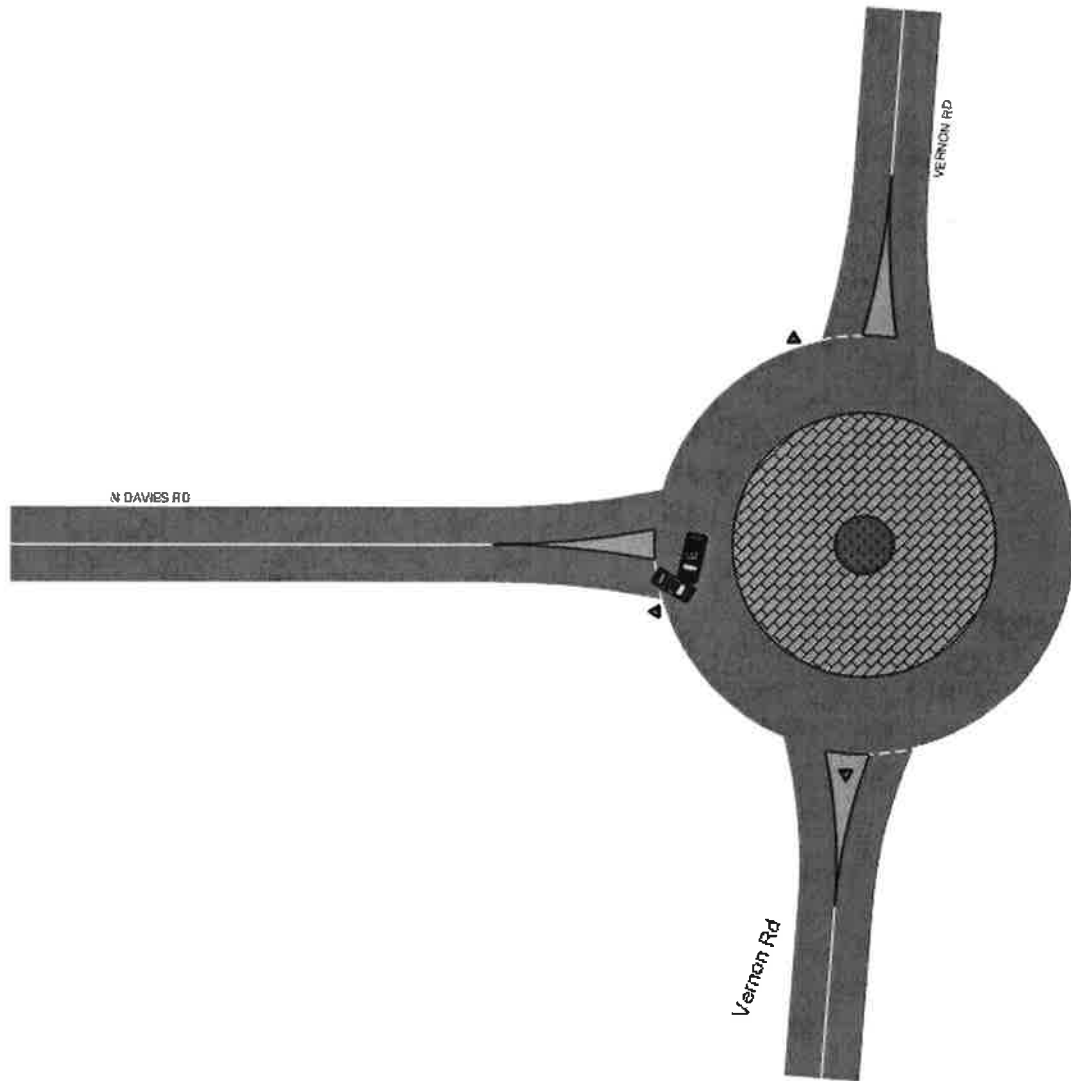
11/6/2014 10:15:37 PM

BADGE OR ID # **075**

ORI # **WA0311900**

TIME POLICE DISPATCHED **7:15 PM**

TIME POLICE ARRIVED **7:16 PM**



Not to Scale

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-02789



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) R S J WARRER HANSEN	RACE W	ETH	SEX M	DOB 4/24/73	AGE 41	HGT	WGT	HAIR	EYES
STREET ADDRESS 1314 VERNON ROAD		CITY LK STEVENS		STATE		ZIP	RES. STATUS			
HOME PHONE 425-327-4818		CELL PHONE 425-327-4818		PLACE OF EMPLOYMENT Retired						
WORK PHONE		EMAIL ADDRESS CJ454RJ5@YAHOO.COM								

I, R S J WARRER HANSEN, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I WAS going through the circle going NORTH HALF AROUND another guy in front of me the Toyota tried to squeeze through and hit me in the RIGHT FRONT FENDER I WAS ALL the way AROUND to the other side of the circle just coming out and she tried to go around me.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE R S J WARRER / HANSEN	DATE SIGNED NOV 5, 2014	LOCATION SIGNED LK STEVENS
OFFICER/NUMBER: C. Clark #75	DATE SIGNED 11/5/14	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE ___ OF ___

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-02789



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) BEN JOYCE	RACE C	ETH	SEX F	DOB 1-26-28	AGE 86	HGT 5'4"	WGT 120	HAIR BRN	EYES BLU
STREET ADDRESS 1321 SPRING BROOK RD		CITY LAKE STEVENS			STATE WA	ZIP 98258	RES. STATUS			
HOME PHONE 425-501-9595		CELL PHONE 425-501-9595			PLACE OF EMPLOYMENT BEN PROPERTIES					
WORK PHONE 425-501-3340		EMAIL ADDRESS JOB101@aol.com								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was in the roundabout and got hit by a car I didn't see. I looked before entering the roundabout. This car was black and it was raining. I was totally surprised when he hit me. I was turning onto Vernon Rd and was on Vernon Rd I believe.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: Ben Joyce	DATE SIGNED 11/5/14	LOCATION SIGNED on Vernon Rd in car
OFFICER/NUMBER: C. [Signature] #15	DATE SIGNED 11/5/14	LOCATION SIGNED

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PAGE 1 OF 1

Incident History for: #SS14022049

Case Numbers: \$SS14002789

Entered 11/05/14 19:15:10 BY SPCT04 SP0233

Dispatched 11/05/14 19:15:26 BY SPDP17 SP0194

Enroute 11/05/14 19:15:26

Onscene 11/05/14 19:16:57

Closed 11/05/14 19:41:52

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS002 Fire BLK: AG1518 Map Page: 377E-7 Group: SS1 Beat: WEST
Src: T

Loc: 923 VERNON RD , LKS -- LES SCHWAB TIRES , LKS btwn N DAVIES RD & 11 PL NE (V
)

Loc Info:

Name: WARREN RJ

Addr:

Phone: 4253274818

/1915 (SP0233) ENTRY , CC NON INJ, NON BLCKING, GRAY PC VS BLCK JEEP
/1915 (SP0194) DISPER 19N3 #SS75 CHRISTENSEN, OFCR (CHAD)
/1916 ONSCNE 19N3
/1919 (SP0233) SUPP TXT: WITNESS IF NEEDED L/THOMAS F/SHELLY 425 238
3548.
/1925 (SP0194) ASNCAS 19N3 \$SS14002789
/1927 (*****) REMINQ 19N3 ADE8225
/1927 (SP0194) REMINQ 19N3 LIC, 19N3, ADE8225, , ,
/1927 (*****) REMINQ 19N3 AGH4695
/1927 (SP0194) REMINQ 19N3 LIC, 19N3, AGH4695, , ,
/1941 CLEAR 19N3 D/H
/1941 CLOSE 19N3